



# Kellogg Health Scholars

Connecting Academic, Community, and Policy

KConnection

February 2009

## SOUNDING BOARD

### Congratulations Kellogg Scholars and Fellows

**Dr. Shawn Kimmel**, Kellogg Health Scholars Program alumnus, started a full-time position in November 2008 as the Director of Policy Initiatives with the environmental justice organization Detroiters Working for Environmental Justice (DWEJ), directed by Donele Wilkins (exec dir), who is also a board member of the Detroit Community-Academic Urban Research Center. Also, he is the chair-elect of the Policy Work Group of the CBPH Caucus, a caucus of the American Public Health Association (APHA). Dr. Kimmel also presented: "Toward a Green Reconstruction: A Policy Framework for Building Just and Sustainable Urban Economies," with DWEJ colleague Roshani Dantas (MPH), featuring the work of DWEJ's Build Up Detroit and Green Jobs Programs at the conference "Advancing Climate Justice: Transforming the Economy, Public Health and Our Environment" hosted by WE ACT (West Harlem Environmental Action) in New York City, January 29-30, 2009; and 2 oral presentations at the APHA conference in San Diego-"Building Strategic Capacity for Community-Partnered Policy Change to Achieve Health Equity in Detroit," and "Board Evaluation of a Community-based Participatory Research (CBPR) Partnership Process: the Detroit Community-Academic Urban Research Center(URC)" (with Detroit URC community colleague Zachary Rowe).

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## ANNOUNCEMENTS

### Health Equity: Focusing on Health in All Policies

A Disparities Foresight Briefing in collaboration with the Congressional Black Caucus Health Brain Trust  
Wednesday, February 25, 2009

12:15pm - 2:00pm (Lunch will be served at 12:00pm) \*

Members Room, Thomas Jefferson Building, Library of Congress

RSVP at [http://www.altfutures.com/foresight\\_dra\\_reg.asp](http://www.altfutures.com/foresight_dra_reg.asp) or call (703) 684-5880 ext. 18

Please RSVP by Friday, February 20 at 5:00pm

Limited Seating, Registration May Close Early

Health disparities in the U.S. are significant and unjust. Health care is important, but accounts for 10% to 25% of the differences in health. Preventing and removing disparities in diabetes, cancer, violence & other injuries and diseases requires a focus on community conditions (including air and water quality, access to healthy food, safe affordable housing and transit) and root factors (such as poverty and racism). Focusing on these social determinants of health requires changes in policy and spending to focus on prevention. Investing even \$10 per person in community level initiatives aimed at reducing tobacco consumption, improving nutrition, and increasing physical activity results in a return on investment within two years. Additionally, this investment will provide an estimated annual savings of over \$15 billion by the 5<sup>th</sup> year and every year thereafter. Investing in other health issues, such as reducing violence, traffic crashes and communicable diseases, would result in even greater savings. The savings from an investment in prevention in disenfranchised communities should be even greater because they experience the greatest burden of ill health. Investing in community prevention would represent a spending stimulus that would have early payoffs and sustained returns. The DRA Project's February 25 Health Equity Briefing will focus on what we have learned, the growing health equity movement, and the implications for policy and the new administration.

Speakers:

- **Dolores Acevedo-Garcia**, PhD, Associate Professor of Society, Human Development and Health, Harvard School of Public Health
- **Larry Cohen**, MSW, Executive Director, Prevention Institute, Oakland California
- **Brian Smedley**, PhD, Vice President - Director of Health Policy Institute, Joint Center for Political and Economic Studies

- **David R. Williams, PhD**, Florence & Laura Norman Professor of Public Health, Harvard School of Public Health and Staff Director, RWJF Commission to Build a Healthier America

**Opening Remarks by Congresswoman Donna Christensen**

\* In compliance with House Ethics Rules

**Registration and Call for Posters -- The University of Georgia Global Health Symposium**

**"Social Determinants of Inequalities in Health II: Continuing the Global Conversation"**

**Paul D. Coverdell Center for Biomedical Health Sciences at the University of Georgia**

**March 24-25, 2009, 9:00 AM - 6:00 PM**

**Deadline (Poster Abstract): March 16, 2009**

Sponsored by the University of Georgia [College of Public Health](#) and [Biomedical and Health Sciences Institute](#), with the [W.K. Kellogg Health Scholar Program \(Multidisciplinary Track\)](#)

**Keynote Speaker:** Ichiro Kawachi, M.D., Ph.D., Harvard School of Public Health

**Purpose:** This two-day event brings together national and international public health experts with the purpose of gaining a better understanding of how socio-economic status, socio-political environment, race and ethnicity contribute to inequalities in health across the globe.

**Who should attend?** Anyone interested in international health, public health, international development, medicine, nonprofits, philanthropy, microfinance, social entrepreneurship, bioethics, economics, health policy, advocacy, anthropology, environmental health, service-learning, medical education, and public service.

**Symposium Session Topics:**

- National and State Level Inequities
- Contribution of Discrimination in Healthcare Access
- Social Determinants of Inequalities in Health: France
- Public Opinion and Health and Healthcare Disparities
- Human Rights and Immigrant Health

Registration fee is \$15, or free for student/postdoc poster session participants. Poster abstract deadline is *Monday, March 16*. To register or submit a poster abstract, please visit [www.globalhealth.uga.edu](http://www.globalhealth.uga.edu).

**SAVE THE DATE! Kellogg Fellows in Health Policy Research program 2009 Networking Meeting** will be held on **June 2, 2009** in Washington, DC. Meeting details to follow.

**SAVE THE DATE! Kellogg Health Scholars Program 2009 Networking Meeting** will be held on **June 3-5, 2009** in Washington, DC. Meeting details will be sent as soon as it is available.

**SAVE THE DATE! The Disparities in Health in America: Working Toward Social Justice Workshop** is being scheduled for **June 20 to June 26, 2009** in Houston, Texas at the Robert Hickey Auditorium at the University of Texas M.D. Anderson Cancer Center.

**REQUEST FROM THE NATIONAL PROGRAM OFFICE:** If any Kellogg scholars, fellows or alumni: (1) have submitted abstracts that have been accepted for presentation at the **World Federation of Public Health Associations World Conference on Public Health, April 27-May 1, 2009**; (2) plan to attend the **Department of Health and Human Services, Office of Minority Health's Third National Leadership Summit on Eliminating Racial and Ethnic Disparities in Health, February 25-27, 2009** (see conference information under Conferences and Events); (3) plan to attend **The University of Georgia Global Health Symposium on Social Determinants of Inequalities in Health, March 24-25, 2009** (see announcement below); (4) the **Kellogg Fellows Leadership Conference on the Interaction of Hope and Action, June 18-21, 2009, in Tulum, Mexico**, or (5) would like to present your research at the M.D. Anderson Cancer Center symposium on **Disparities in Health in America: Working Toward and Social Justice** on **June 24 or June 25, 2009**, in Houston, please advise Barbara Krimgold at [bkrimgold@cfah.org](mailto:bkrimgold@cfah.org).

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**SPOTLIGHT ON KELLOGG SCHOLARS NETWORK**

Meet Kellogg Health Scholars Program alumnus **Shawn D. Kimmel, PhD...**

Dr. Shawn D. Kimmel completed work toward his doctorate in American Culture at the University of Michigan in 2006, after previously earning a Dual MA in American History and Philanthropic Studies from Indiana University. As a postdoctoral research fellow in the Community track of the Kellogg Health Scholars Program at the University of

Michigan School of Public Health (2006-2008), Dr. Kimmel researched best practices for strengthening the capacity of community-based organizations to integrate policy research and advocacy into the design of community-based participatory research (CBPR) projects. This KHSP project, "Toward Strategic Measures for Building Community-Partnered Capacity for Policy Change," was pursued in collaboration with members of the Board of the Detroit Community-Academic Urban Research Center (URC), and the Steering Committee of the REACH (Racial and Ethnic Approaches to Community Health) Detroit partnership, which is dedicated to decreasing health disparities related to diabetes. Dr. Kimmel also assisted with the planning and implementation of the Detroit URC's "Neighborhoods Working in Partnership" project.

Following completion of his KHSP postdoc, Dr. Kimmel was hired by Detroiters Working for Environmental Justice (DWEJ)--a community-based environmental justice organization--as a full-time research and policy director. DWEJ works to empower individuals, CBOs, and communities in Southeast Michigan to organize and develop healthy and sustainable neighborhoods and urban environments. The focus of Shawn's work for DWEJ is to research and coordinate the policy elements of DWEJ's environmental justice and sustainable development work at the local, state, and national levels. Shawn is also responsible for mentoring DWEJ's undergraduate and graduate student research interns, and will further develop DWEJ's network of CBPR partnerships. He is especially committed to nurturing community-driven research and organizing to achieve health equity and sustainable urban development in Detroit and beyond. (For more information about DWEJ, see [www.dwej.org](http://www.dwej.org)).

When asked what the contribution of his KHSP experience made to his academic career, Dr. Kimmel stated "The KHSP experience allowed me to synthesize my several intellectual interests (history of social movements, environmental & social justice partnerships, community capacity-building for policy change) into a coherent research program to serve the developing needs of a real community of engaged leaders and organizations. It allowed me to construct a community-engaged framework for combining evidence from community-driven research with the historical lessons of previous social movements to develop more strategic approaches to policy change efforts aimed at transforming the institutional determinants of environmental and health inequity. And most importantly, it provided a bridge that allowed me to restructure my academic research skills into strategic tools that could be employed in service of the vision and development of a community that continually inspires me."

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## Archived KHSP E-Workshops

The archived KHSP e-workshops are taped from the live e-workshops of the Kellogg Health Scholars. These live electronic workshops are intended to bring Kellogg Health Scholars together between face-to-face networking meetings to explore topics of mutual interest. Its purpose is to form closer networks between the Kellogg Health Scholars and to provide to them and the Kellogg Community of Scholars support and resources for career development.

Access to archived e-workshops is **STRICTLY LIMITED** to Kellogg Health Scholars, Kellogg Fellows in Health Policy Research (current and alumni), Scholars in Health Disparities and Community Health Scholars program alumni and H. Jack Geiger Congressional Health Policy Fellows program alumni. The contents of these e-workshops are confidential. These archived presentations should not be accessed, copied or forwarded by/to any individuals other than group of scholars, fellows and scholar/fellow alumni that have been identified.

[Click here to listen to the archived presentations and download materials](#). Please use the same login and passcode information provided under a separate email in April 2008 or contact Brandon Moore at [bmoore@cfah.org](mailto:bmoore@cfah.org) for these information.

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## FUNDING

### National Institutes of Health

#### NCI Transition Career Development Award to Promote Diversity (K22)

PAR-09-069

Application Due Date(s): Standard dates apply, please see

<http://grants.nih.gov/grants/funding/submissionschedule.htm>

**NOTE: On-time submission requires that applications be successfully submitted to Grants.gov no later than 5:00 p.m. local time (of the applicant institution/organization).**

The purpose of the National Cancer Institute (NCI) Career Transition Award (K22) is to help ensure that a diverse pool of highly trained scientists are available in adequate numbers and in appropriate research areas to address the nation's biomedical, behavioral, and clinical research needs. The Diversity Training Branch (DTR), the Center

to Reduce Cancer Health Disparities (CRCHD) (<http://crchd.cancer.gov/>), and the Office of the Director (OD) (<http://www.nih.gov/icd/od/>), invite applications from recipients of the NCI Mentored Career Development Award to Promote Diversity, or from advanced postdoctoral and/or newly independent research scientists representative of groups that are underrepresented in biomedical, behavioral, clinical, and/or social sciences. This award will provide "protected time" for recipients to develop and receive support for their initial cancer research program. In addition, this award can provide a two-year mentored experience in NCI intramural programs for interested individuals. The unique feature of this award is that the individuals may apply without a sponsoring institution while they are still in a mentored position. Specific Research Objectives: A major obstacle to developing a stronger national minority cancer research effort has been the lack of significant strategic training programs for minority students and scientists in cancer research. Progress in realizing a significant increase in the number of competitive minority cancer researchers had been disappointing. A greater involvement of minority candidates, who possess the appropriate cultural perspectives, is integral to a successful national minority cancer research effort involving more minority patients and populations. The Diversity Training Branch (DTB), the Center to Reduce Cancer Health Disparities (CRCHD) (<http://crchd.cancer.gov/>), and the Office of the Director (OD) (<http://www.nih.gov/icd/od/>), invite applications from recipients of the NCI Mentored Career Development Award to Promote Diversity, or from advanced postdoctoral and/or newly independent research scientists representative of groups that are underrepresented in biomedical, behavioral, clinical, and/or social sciences. This award will provide "protected time" for recipients to develop and receive support for their initial cancer research program. In addition, this award can provide a two-year mentored experience in NCI intramural programs for interested individuals. The unique feature of this award is that the individuals may apply without a sponsoring institution while they are still in a mentored position. Announcement details at <http://grants.nih.gov/grants/guide/pa-files/PAR-09-069.html>.

### **The Robert Wood Johnson Foundation: Healthy Eating Research Calls for Proposals Released**

**Deadline: February 24, 2009, 3:00 p.m. ET**

The Robert Wood Johnson Foundation has posted two separate calls for proposals (CFPs) in the Childhood Obesity program area. Healthy Eating Research is a national program of the Robert Wood Johnson Foundation (RWJF). The program supports research on environmental and policy strategies with strong potential to promote healthy eating among children to prevent childhood obesity, especially among low-income and racial/ethnic populations at highest risk for obesity. Findings will advance RWJF's efforts to reverse the childhood obesity epidemic by 2015. The two CFPs described below focus on the following four topic areas:

1. Food pricing and economic approaches;
2. Food and beverage marketing;
3. Improving access to healthy foods in low-income communities; and
4. Evaluations of promising food-related policy and environmental strategies in settings where children and their families make food choices.

#### **(1) Healthy Eating Research Round 4 -- Application Deadline: February 24, 2009 (3 p.m. ET)**

Approximately \$2.4 million will be awarded for two types of research grants focused in the four areas listed above:

Small- and large-scale studies:

- 12- to 18-month awards of up to \$150,000 each.
- 18- to 36-month awards of up to \$400,000 each.

Macro-level analyses:

- 12- to 18-month awards of up to \$100,000 each.

#### **(2) Healthy Eating Research 2009 New Connections -- Application Deadline: February 24, 2009 (3 p.m. ET)**

This funding opportunity is for New Connections grants through the Healthy Eating Research program. New Connections grants are for early-career investigators from historically disadvantaged and underrepresented communities who have completed a doctorate or terminal degree within seven years prior to the award date for the grant (after November 1, 2002). These grants are for individuals who are in the early stages of an independent research career.

A total of up to three grants will be awarded. There are two categories of funding focused on the four areas listed above:

Small-scale studies:

- 12- to 24-month awards of up to \$100,000 each.

Macro-level analyses:

- 12- to 24-month awards of up to \$75,000 each.

Visit the Healthy Eating Research Web site for more details about these CFPs and information on how to apply, at [www.healthyeatingresearch.org](http://www.healthyeatingresearch.org).

**The Robert Wood Johnson Foundation  
Communities Creating Healthy Environments**

**Deadline: February 26, 2009, 3:00 p.m. EST**

Communities Creating Healthy Environments (CCHE), a national program of the Robert Wood Johnson Foundation (RWJF), will provide training, technical assistance and three-year grants of up to \$250,000 to ten local advocacy groups working in communities of color and indigenous nations to develop effective, replicable policy initiatives that achieve food and recreation equity in the communities where they work. In the first phase, applicants must submit a brief proposal to the RWJF Grantmaking Online system at <http://grantmaking.rwjf.org/cche>. The deadline for submitting brief proposals is February 26, 2009, at 3:00 PM EST. Brief proposals will be reviewed and scored according to the criteria listed in the [Call for Proposals](#) brochure. Approximately 40 applicants will be invited to submit full proposals.

### **The Robert Wood Johnson Foundation**

#### **Health Games Research: Advancing Effectiveness of Interactive Games for Health**

**Deadline: April 8, 2009, 3:00 p.m. ET**

Health Games Research: Advancing Effectiveness of Interactive Games for Health is a national program of the Pioneer Portfolio of the Robert Wood Johnson Foundation (RWJF) that supports research to enhance the quality and impact of interactive games that are used to improve health. The goal of the program is to advance the innovation, design and effectiveness of health games and game technologies so that they help people improve their health-related behaviors and, as a result, achieve significantly better health outcomes. In this round of funding, approximately \$2 million will be available to support outstanding research projects that study one or more games designed to increase physical activity and/or improve self-care. In February there will be two optional web conference calls for potential applicants: February 11, 2009 (3 p.m. ET) and February 19, 2009 (4 p.m. ET). For complete details and to register, visit [www.healthgamesresearch.org](http://www.healthgamesresearch.org).

### **William T. Grant Foundation**

#### **RFP on Understanding Acquisition, Interpretation & Use of Research Evidence in Policy & Practice**

**Deadline: May 12, 2009 (Letter of Intent Deadline)**

The William T. Grant Foundation has a longstanding interest in supporting research that can inform policy and practice. Our particular focus is on policies and practices that affect youth ages 8 to 25 in the United States. In this area, there are significant gaps between research and policy, and between research and practice. Researchers express frustration that policymakers and practitioners do not use or misuse research findings. Policymakers and practitioners suggest that research is often not relevant to their work or is not easily accessible or understood. Many researchers, research funders, and intermediary organizations have sought to address these gaps by encouraging the production of more rigorous research evidence, better research syntheses, and improved approaches to disseminating research evidence. Policymakers have also tried to improve the connection between research and practice by mandating the use of research findings through law or regulation. Relatively little research attention has been devoted to understanding the user side that is, studying what affects policymakers and practitioners acquisition, interpretation, and use of research evidence. At the Foundation, we believe studies of this topic will increase our understanding of how to improve the production and subsequent use of research for and in policy and practice. For the next several years, we anticipate supporting a group of research projects, with award amounts ranging from \$100,000 to \$600,000, covering direct and indirect costs for two to three years of work. Our total estimated budget for these projects is \$1.5 million per year. The Foundation will consider applications for newly initiated studies and add-on studies to existing projects. Add-on studies must address research questions not covered by prior funding from us or other funders, but can cover secondary analyses of existing data or collection and analyses of new data. We encourage interdisciplinary projects, and welcome applications from researchers in various fields and disciplines such as anthropology, communication studies, economics, education, family studies, human development, organizational studies, political science, prevention research, psychology, public administration, public policy, public health, social work, and sociology. Applicants should submit letters of inquiry by May 12, 2009. Selected applicants will be invited to submit full proposals, which will be due by October 6, 2009. Funding decisions will be made at the Board of Trustees meeting in June 2010, and awards will be made available shortly thereafter. For more information, see the attached RFP and visit the Foundation's website at [www.wtgrantfoundation.org](http://www.wtgrantfoundation.org).

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## **CALL FOR SUBMISSIONS**

### **Call for Papers - Research in The Sociology of Health Care (Volume 27)**

**Theme on Social Sources of Disparities in Health and Health Care and Linkages to Policy, Population Concerns and Providers of Care**

**Deadline: February 15, 2009**

Papers are being sought for volume 27 of Research in The Sociology of Health Care published formerly by Elsevier Press and now by Emerald Press. The major theme for this volume is SOCIAL SOURCES OF DISPARITIES IN HEALTH AND HEALTH CARE AND LINKAGES TO POLICY, POPULATION CONCERNS AND PROVIDERS OF

CARE. Papers dealing with macro-level system issues and micro-level issues involving social sources of disparities in health and health care are sought. This includes examination of social, demographic and structural sources of disparities in health and health care. This also includes papers that try to link an understanding of the causal processes between disadvantage and health disparities. This includes a consideration of social sources of disparities across the life course. Papers that focus on linkages to policy, population concerns and providers of care as ways to meet health care needs of people both in the US and in other countries would be welcome. The focus can be from a consumer side or a provider or policy perspective. Papers that raise issues of the availability of services, access to those services, quality of services and the role of government in services provision would all be appropriate. For papers examining social sources of disparity in health and health care delivery systems in other countries, the focus could be on issues of delivery systems in those countries and ways in which revisions and changes impact population health, especially if those are then also related to broader concerns in health care in the US or other countries as well. The volume will contain 10 to 14 papers, generally between 20 and 40 pages in length. Send completed manuscripts or detailed outlines for review by February 15, 2009. Send to: Jennie Jacobs Kronenfeld, Sociology Program, School of Social and Family Dynamics, Box 873701, Arizona State University, Tempe, AZ 85287-4802 (phone 480 965-8053; E-mail, [Jennie.Kronenfeld@asu.edu](mailto:Jennie.Kronenfeld@asu.edu)). Initial inquiries can be by email.

**Call for Abstracts -- International Society for Equity in Health (ISEqH)  
5th International Conference theme: Social and Societal Influences on Equity in Health  
Crete, Greece  
June 9-11 2009**

**Deadline: February 28, 2009**

**5th International Conference in partnership with Greek School of Public and Health and Canadian Society for International Health**

Website: <http://www.iseqh-conference2009.com>

".....The 5th International Conference of the International Society for Equity in Health will be hosted by the Greek School of Public Health in Crete. The meeting will bring together, researchers, policy-makers, practitioners and others concerned with equity in health to develop and international health agenda for governments, universities and organizations all over the world. The Conference will explore the theme: Social and Societal Influences on Equity in Health through a varied program of plenary sessions, forums, poster sessions and scientific sessions. We invite your participation in the advancement of knowledge, exchange of experiences and promotion of equity in health. The 5th International Conference of the International Society for Equity in Health will especially encourage contributions that focus on major health concerns and that present work in the following areas:

- Pathways through which influence on equity in health operate
- Application of innovative methods for studying and monitoring equity in health
- Analysis to support the design and evaluation of policies, services and interventions that enhance equity in health
- Understanding processes for policy change to improve equity in health
- Using evidence towards enhanced public accountability in and social action for health equity

There is a special interest in abstracts that reflect a multidisciplinary conceptualization of health equity; that analyze or compare rather than just describe; are not limited to one measure of health, one age group, or one population subgroup; address issues of generalizability of findings beyond the particular population studied; include and compare different age groups and both genders; address access/utilization/appropriateness of health services for meetings different levels of needs within and across populations. There is also interest in abstracts that give evidence of linkage with policy or other constituencies that influence equity outcomes, and in work that provides evidence of analyses determinants of impact on equity outcomes. Deadline for Submissions: February 28, 2009. To receive general information about the conference or send a funding request, please write to: [information@iseqh-conference2009.com](mailto:information@iseqh-conference2009.com). **FUNDING REQUEST FORM** -- Deadline for Submission: February 28, 2009. Support may be available for presenters from Latin America, Asia, Africa or from Eastern and Central Europe or the former Soviet Union, if the ISEqH receives the requested funds from international organizations. Applicants should consult the ISEqH web site for information and applications instructions. Approved funds are to be used for travel expenses and registration only, and in selected instance, for membership fees. Decisions regarding the allocation of funds will be made by April 20, 2009 and applicants will be advised shortly thereafter. <http://www.iseqh.org>

**Call for Applications -- Campus Compact  
2009 Thomas Ehrlich Civically Engaged Faculty Award  
Deadline: March 20, 2009**

The Ehrlich Award recognizes faculty for exemplary leadership in advancing students' civic learning and higher education's contributions to the public good, including teaching with engaged pedagogies, fostering reciprocal community partnerships, building institutional support for service-learning and civic engagement, conducting community-based research, and other means of acting on individual and institutional civic commitments. One award of \$2 000 will be granted to a faculty member from a Campus Compact member institution. Up to ten finalists will also

be selected and recognized. For more information, visit [www.compact.org/awards/ehrllich](http://www.compact.org/awards/ehrllich).

Call for Papers - Journal: AIDS Education and Prevention: An Interdisciplinary Journal  
Theme Issue Community-based Participatory Research (CBPR)

Deadline: April 1, 2009

Guest Editors: Drs. Scott D. Rhodes & Robert Malow, and Ms. Christine Jolly

AIDS Education and Prevention: An Interdisciplinary Journal issues a Call for Papers for a regular theme issue to be published in December 2009, guest-edited by Dr. Scott D. Rhodes (Wake Forest University School of Medicine); Dr. Robert Malow (Florida International University and Associate Editor of AIDS Education and Prevention); and Ms. Christine Jolly (AIDS Care Service, Inc). The goal of this Theme Issue is to provide a diverse audience - including researchers; representatives from health departments, other governmental agencies, and community-based organizations (CBOs), such as AIDS service organizations (ASOs), religious groups, coalition members and others - with a comprehensive resource on the application of Community-based Participatory Research (CBPR) within HIV prevention, care, and treatment. Given that a hallmark of CBPR is action, special focus will be given to intervention research that have been developed, implemented, and/or evaluated by community-research partnerships. These interventions may address the wide spectrum of HIV, including, but not limited to, individual-level, structural, social network, and policy interventions. Original manuscripts can be submitted that fit in any of the categories below:

\*Original Research

\*Work-in-Progress and Lessons Learned

\*Community Perspectives

\*Links among Research, Policy and Practice

\*Blending of Community and Scientific Perspectives

\*Theory and Methods

\*Education and Training

\*Practical Tools

\*Systematic Reviews

Instructions for specific types of manuscripts and previous content (some full text links) can be found at online. [click here](#) for that information.

The deadline for submission of manuscripts is April 1, 2009. Manuscripts will be initially reviewed by the Guest Editors before being sent to the peer-reviewers using a blind review process. Please submit all manuscripts to the Managing Editor of this Theme Issue, Ms. Cindy Miller, by e-mail at: [cytmill@wfubmc.edu](mailto:cytmill@wfubmc.edu). Authors will receive confirmation of submission within 2 weeks of their submission being received. Questions about submissions should be electronically sent to one of the Guest Editors: Dr. Rhodes ([srhodes@wfubmc.edu](mailto:srhodes@wfubmc.edu)), Dr. Malow ([rmalow@bellsouth.net](mailto:rmalow@bellsouth.net)), or Ms. Jolly ([cjolly@aidscareservice.org](mailto:cjolly@aidscareservice.org)).

### **Call for Abstracts - The University of Texas, Austin**

**Biobehavioral Underpinnings and Social Interaction on Hispanic Health Third Conference on Aging in the Americas**

**AT&T Executive Conference Center**

**The University of Texas at Austin**

**September 15-17, 2009**

**Deadline: April 15, 2009**

<http://www.utexas.edu/lbj/caa/cfp.php>

Students conducting research on social, psychological, and biological factors that impact the health and long-term care of Hispanic elders are invited to submit abstracts to be considered for a Poster Session during the Third Conference on Aging in the Americas. Prizes will be awarded for outstanding research projects.

Abstract Submission

A poster abstract is required. All abstracts should include the following information:

Project title

Lead-author's name and affiliation

Lead-author's e-mail address

Lead-author's classification (undergraduate, graduate student, or postdoc)

Brief (less than 300 words) summary of the research project Submit poster abstracts via e-mail attachment to Dr. Terrence Hill ([tdh@miami.edu](mailto:tdh@miami.edu)). The deadline for abstract submission is April 15, 2009. Notification of poster acceptance will be sent via e-mail by May 15, 2009.

Evaluation Criteria: Poster abstracts will be peer-reviewed. To be accepted for presentation, abstracts should be factual and report on significant research findings.

Empirical research projects should report actual results, not promised results. Projects that seek to address theoretical questions or advance our understanding of the application of theories should summarize major aims and conclusions. General criteria include originality, methodological sophistication, and clarity of theoretical and/or policy implications.

Further Information: For additional information concerning the conference, please contact Dr. Jacqueline Angel ([jangel@mail.utexas.edu](mailto:jangel@mail.utexas.edu)), Dr. Keith Whitfield ([kwhit1@duke.edu](mailto:kwhit1@duke.edu)) and Dr. Kyriakos Markides ([kmarkide@utmb.edu](mailto:kmarkide@utmb.edu)).

### **Call for Papers - Public Health Reports (PHR)**

#### **Supplement on Addressing Social Determinants of Health in: HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases and Tuberculosis**

**Deadline: May 15, 2009**

Website at [www.publichealthreports.org](http://www.publichealthreports.org)

The Editors are looking for manuscripts that advance scientific knowledge and public health research and policy on addressing social determinants of health of HIV/AIDS, viral hepatitis, STD, and tuberculosis. Manuscripts may be analytic or descriptive in format and may include implications for policy, practice, and innovative partnerships.

Manuscripts addressing the following topics will be sought:

- \* The role of social determinants of health in facilitating health disparities in HIV/AIDS, viral hepatitis, sexually transmitted diseases and tuberculosis;
- \* Effective ways to address social determinants of health in our efforts to prevent and control HIV/AIDS, viral hepatitis, sexually transmitted diseases and tuberculosis;
- \* Social determinants and associated strategies that can be systematically prioritized to produce the greatest impact in accelerating the reduction of health disparities in these diseases and conditions;
- \* Studies focusing on developing and identifying key metrics which might be used to better measure and monitor the impact of social determinants on health;
- \* Translational research studies geared towards implementation and scale-up of effective interventions to tackle social determinants of health.

The Editors are encouraging a broad range of manuscripts. Manuscript Requirements: Articles in PHR are typically 3,000-4,000 words in length. Longer manuscripts, when appropriate, will be considered. All manuscripts will be reviewed by the PHR Special Editorial Committee (SEC) for this Supplement. The SEC will decide which manuscripts are sent for external peer review and will then decide which manuscripts are published in the Supplement. Deadline for Submission: May 15, 2009. The anticipated publication date for the PHR Supplement full text free online is March/April 2010. Submit Manuscripts to: Manuscripts for this Supplement should be sent to [manuscripts@publichealthreports.org](mailto:manuscripts@publichealthreports.org) or mail to: Public Health Reports, 7774 Heatherglen Dr., Cincinnati, OH 45255. Please include "Attention Social Determinants of Health" in the subject line of the email. If you have any questions about this Supplement, please contact Dr. Hazel Dean (404.639.8000; [HDean@cdc.gov](mailto:HDean@cdc.gov)). If you have any questions about Public Health Reports, please contact the Acting Editor, Laurence Reed, at 513.636.0257; [Laurence.Reed@cchmc.org](mailto:Laurence.Reed@cchmc.org). Public Health Reports is a peer-reviewed journal of the U.S. Public Health Service and the Association of Schools of Public Health. It is the oldest journal of public health in the U.S. and has published since 1878. The journal is widely distributed internationally, and is indexed by MEDLINE/Index Medicus, Current Contents, EMBASE/Excerpta Medica, Pais International, and LexisNexis.. The Guest Editors for this Supplement are Drs. Hazel D. Dean and Kevin A. Fenton, Deputy Director and Director of the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, United States Centers for Disease Control and Prevention.

### **Call for Papers - Nursing Inquiry: Interdisciplinary Perspectives on Policy and Healthcare**

#### **Theme on Participatory Health Research**

**Deadline: October 1, 2009**

A special upcoming issue of Nursing Inquiry will be devoted to participatory health research. Submissions are invited that address conceptual, methodological, and pragmatic dimensions of participatory forms of health research. The goal of this special issue is to advance a better understanding of participatory health research across different disciplines and audiences (e.g. educators, students, health practitioners, policy makers, and researchers). Examples of areas of focus include (but are not limited to) the following:

In what ideological and conceptual forms does participatory health research manifest? For example, participatory research, action research, community-based participatory research, etc?

If and how conceptual variations of participatory health research influence research design and methodology?

What are the advantages of conducting participatory health research? What are the challenges to engaging in it? For example, vis-a-vis community-academic collaboration, institutional ethical approval, research funding, PhD thesis dissertations, impact on practice and policy.

How has participatory health research been applied in different places and settings, and with diverse populations? For example, community agencies, health care institutes (primary to tertiary), specific groups as well as population level health initiatives.

While reporting of specific research findings is not the intention of this special issue, the above areas of focus may be (and in fact are encouraged to be) elaborated through examples from completed or ongoing research.

Nursing Inquiry is an international peer-reviewed journal. All submissions should be made online at <http://mc.manuscriptcentral.com/nin>. For author guidelines and information on online submission, please see above journal website or contact [nijournal\\_nursing@utoronto.ca](mailto:nijournal_nursing@utoronto.ca). For inquiries on the special issue on participatory health

research, please contact guest editor. The closing date for submissions is 1 October 2009. The intended publication date for the special issue is Fall 2010.

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## Career Development

### **Asian and Pacific Islander American Health Forum (APIAHF), Washington, DC**

#### **Senior Policy Analyst, 1.0 FTE (37.5 hours/week)**

#### **Reports to: Policy Director**

<http://www.apiahf.org/about/index.htm#jobs>

Job Summary: The Senior Policy Analyst will work with other APIAHF Policy Division staff and advisors to formulate policy priorities, and develop strategies to advance those priorities, including through Federal and state legislative and administrative advocacy, coalition building, and media advocacy. The Senior Policy Analyst will be the lead subject matter expert in at least one of APIAHF's five policy priorities of: expanding access to health care; promoting quality of care including cultural and linguistic competent care; promoting a diverse health care workforce; improving data and research on Asian American, Native Hawaiian and Pacific Islander health; and promoting community investments in health improvement. The Senior Policy Analyst will develop products to assist with advocacy on these issues including policy briefs, action alerts, fact sheets and other publications for a variety of audiences including policymakers, advocates, health and social service providers, media and Asian American, Native Hawaiian, and Pacific Islander community members. The Senior Policy Analyst will also work in coalition with other national health advocacy, Asian American, Native Hawaiian and Pacific Islander, and immigrant rights organizations as well as state and local coalitions and community based organizations. Duties and Responsibilities: \* Maintain relationships and communication with federal and state administrative policymakers and members of Congress, state legislators, and legislative staff on APIAHF policy issues and priorities; \* Develop legislative and administrative strategies and conduct advocacy on behalf of Asian American, Native Hawaiian, and Pacific Islander communities; \* Monitor and assess the impact of federal and state legislative and regulatory developments and proposals on the health of Asian Americans, Native Hawaiians and Pacific Islanders; \* Develop and implement strategies to engage local Asian American, Native Hawaiian and Pacific Islander community based organizations, community leaders, researchers, health professionals and others in health policy advocacy; \* Develop and write policy briefs, reports and publications; \* Maintain relationships and communication with national health policy advocates, Asian American and Pacific Islander policy partners and Asian American and Pacific Islander communities and constituencies; \* Act as a resource for and provide technical assistance to government officials, legislative staff, advocacy groups, health care and social service providers, advocates, community organizations and the media; \* Conduct media advocacy and monitor media coverage of health policy issues affecting Asian Americans and Pacific Islanders; \* Provide support, assistance, and guidance on key policy issues to APIAHF's leadership as well as to policy and program-based staff; Required Qualifications: \* Master's degree or equivalent in health, public policy, law or related field; \* Five years experience in public policy and advocacy, especially health policy, immigrant rights, or civil rights; \* Demonstrated experience and leadership in the development and implementation of policy advocacy campaigns on either a state or national level; \* Demonstrated effective written and oral communication skills; \* Strong motivation and adaptability, including ability to work under pressure and with deadlines; \* Ability to travel as part of work responsibilities; \* Demonstrated proficiency with personal computers, including Windows-based word processing and database applications and experience with electronic communications. Desired Qualifications: \* Bilingual/biliterate in an Asian or Pacific Islander language; \* Demonstrated interest or experience working with Asian and Pacific Islander communities; \* Demonstrated experience in program coordination and management, including supervision of other staff and budget management; \* Experience in state or federal legislature or government health or social service agency at a policy level; \* Experience in media advocacy. Please submit resume and writing sample, referencing "Sr Policy Analyst

Search" to: [hr@apiahf.org](mailto:hr@apiahf.org). Application Deadline: Open Until Filled. Organizational Description: The Asian and Pacific Islander American Health Forum (APIAHF) is a national advocacy organization dedicated to promoting policy, program and research efforts to improve the health and well being of Asian American, Native Hawaiian and Pacific Islander communities. Founded in 1986, APIAHF approaches activities with the philosophy of coalition-building and developing capacity within Asian American, Native Hawaiian and Pacific Islander communities. We advocate on health issues of priority and significance to Asian American, Native Hawaiian and Pacific Islander communities, conduct technical assistance and training, provide health and U.S. Census data analyses and information dissemination, and convene regional and national conferences on Asian American, Native Hawaiian and Pacific Islander health.

### **McGill University, The Faculty of Dentistry, Montreal, Quebec, Canada**

#### **Tenure-track, Social Aspects of Health Care Services**

The Faculty of Dentistry, the strongest research dental faculty in Canada, envisions a healthy and equitable society. It

is committed to the promotion of oral health and quality of life in the whole population, with emphasis on the needs of under-served communities and individuals. The Faculty of Dentistry invites applications for a tenure-track position in the Social Aspects of Health Care Services. Requirements for a tenure-track position include a PhD or equivalent degree and the ability to conduct independent research in a relevant field. We encourage people with a background in social sciences and an interest in underprivileged populations to apply. Health and/or social service experience working with underprivileged groups will be at an asset. Responsibilities will include research, teaching and administrative work to support these activities. A working knowledge of French will be advantageous. Rank and salary will be commensurate with experience. Applications, including a curriculum vitae, a statement of research and teaching interests and the names and postal and e-mail addresses of three referees, should be sent to the address below. The selection process will commence on April 1, 2009. Dr. Christophe Bedos, Chair, Search Committee Office of the Dean, Faculty of Dentistry McGill University 3640 University Street, Room M/30, Montreal, Quebec, Canada H3A 2B2 [Christophe.bedos@mcgill.ca](mailto:Christophe.bedos@mcgill.ca), Tel: 514-398-7203, ext 0129, Fax: 514-398-8900.

### **Praxis, Washington, DC National Field Director**

The Field Director should be willing and able to work with a team approach, and should share Praxis' overall commitment to addressing issues of racial and economic justice, working with traditionally disenfranchised populations, changing structural conditions to improve the quality of life, building community power, and institutional/systemically focused strategies. The position includes: \*Planning and development of base building strategy. Working closely with the Praxis management team and key partners, identify long term goals and intermediate benchmarks and strategies for progressive base building at scale that is consistent with Praxis strategic plan. \*Lead organizing and base building capacity work among Praxis' constituencies. Working with the Training Director, direct and execute the provision of strategy support and technical assistance to grantees and other constituencies in support of long term power and base building goals. This includes liaison work with key partner intermediaries and organizing networks. \*Materials development and training. Identify emerging issues and approaches and develop materials and resources to support and enhance social justice organizing and base building practice. \*Training. Working with the Training Director and training team, help develop and execute trainings to support program area goals. \*Fundraising. Assist in identifying funding sources, and contacts; and help with the preparation of funding proposals, reports and other related correspondence to program area. \*Personnel Supervision. Select and supervise interns and/or organizing staff, as funding permits. Qualifications: \*Minimum of five years experience in base building work that spans national and local efforts. Knowledge of voter outreach and grassroots organizing a plus. \*Ability to develop and execute clear work plans that integrate long term vision and clear achievable objectives. \*Good relationships with social justice organizing networks in the US (relationships with networks outside of the US in addition, a plus). \*Understanding of and experience using power analysis tools, power structures and how they shape base building and power relations in organizing work. \*Knowledge of and experience implementing tracking, evaluation and support mechanisms for organizing work in ways that makes needs, objectives and progress clear. \*Ability to work collaboratively and to enable community members to build power for policy change. \*Experience and ease working with diverse populations. \*Commitment to addressing systemic causes of racism, sexism, homophobia and poverty. \*Ability to work independently, be detailed oriented, prioritize own work, and collaborate with and coordinate the work of others in a harmonious and empowering manner. Salary Range: The salary range is based on experience and funding availability with a generous benefits package. Send resumes with FIELD DIRECTOR in the subject heading to Makani Themba-Nixon, Executive Director, [mthemba@thepraxisproject.org](mailto:mthemba@thepraxisproject.org).

### **The University of Georgia, College of Public Health Head, Department of Health Policy and Management**

The College of Public Health (CPH) at the University of Georgia (UGA) invites applications and nominations for the Head of the Department of Health Policy and Management. We seek candidates who are full professors and will consider candidates who are experienced associate professors. The successful candidate will assume a leadership role in developing this new department and its reputation for excellence in research and education. Applicants should have an advanced degree (PhD, DrPH, or MD) in health policy, health administration, medicine, gerontology/geriatrics, health economics, public policy, or other related discipline. The successful applicant will possess: (1) extensive experience in one or more of the fields mentioned, (2) demonstrated leadership ability, (3) relevant administrative experience and (4) an established record of accomplishment in teaching, research, and extramural funding. The CPH was established in 2005 to meet Georgia's public education and training needs in the five traditional core areas of the discipline and at the same time to serve as a catalyst for cross-disciplinary, health-related discovery at the university system's most comprehensive research institution. The College currently has over 40 full-time, tenure-track faculty and two well-funded institutes, the Institute of Gerontology and the Institute for Health Management in Mass Destruction Defense. The College continues on a growth trajectory with strong support from the UGA central administration for strategic hires. The University has a full range of life science departments, a College of Veterinary Medicine with considerable strength in the study of zoonotic infectious disease, a drug development

emphasis in its College of Pharmacy, a developing medical school and broadly interdisciplinary institutes for biomedical sciences, tropical disease research and behavioral science. All of these fields benefit from a strong health policy and management program. The Department of Health Policy and Management (HPAM) currently offers graduate coursework to students who are pursuing MPH and DrPH degrees in the field and to numerous other students in other CPH departments as well as students in the UGA Honors program and graduate students from disciplines such as public administration & policy, social work, and business. The College will be visited for Council on Education in Public Health (CEPH) accreditation in early 2009. The Department Head will provide vision for an evolving academic program and leadership for existing and future faculty. HPAM currently has eleven faculty who in 2008 collectively attracted over \$3.2 million as PI's and Co-PI's on extramurally funded research grants. In addition to teaching and research, HPAM faculty are involved in state and national initiatives ranging from healthcare availability for children in the State of Georgia to the development of a new medical campus in Athens. Very significant opportunities for HPAM interdisciplinary interaction exist on and off the UGA campus. UGA's School of Public and International Affairs, for example, has one of the nation's leading programs in public administration and Policy. This program and the Carl Vinson Institute of Government are viewed as natural partners of HPAM. The University also has an established history of collaboration in scientific research and policy development with the Centers for Disease Control and Prevention in Atlanta and with the food safety and infectious disease programs of the USDA. The CPH strategy to develop long-term interdisciplinary and inter-institutional partnerships is based on the availability of ready partners in the region. HPAM's participation in this strategy is already well underway. More information about the college and the department is available at <http://www.publichealth.uga.edu>. Applicants should send: (1) a letter of interest in the position, (2) a statement detailing research interests, teaching expertise and leadership philosophy, and (3) a curriculum vitae to:

Joel M. Lee, Dr.P.H.

Associate Dean for Academic Affairs, and Professor, Health Policy and Management

College of Public Health

The University of Georgia

122B Coverdell Center, 500 DW Brooks Drive

Athens, GA 30602

Phone: 706-542-3709

Fax: 706-542-6730

Email: [joellee@uga.edu](mailto:joellee@uga.edu)

Web: [www.publichealth.uga.edu](http://www.publichealth.uga.edu)

### **University of Michigan, Institute on Systems Science and Health Training Opportunity**

**Ann Arbor, Michigan**

**May 3-8, 2009**

**Deadline: February 13, 2009, 11:59 p.m. (Eastern)**

Organized by: University of Michigan -- Center for Social Epidemiology and Population Health and Center for the Study of Complex Systems, and the National Association of Chronic Disease Directors, with guidance and support from the NIH Office of Behavioral and Social Sciences Research and the CDC Syndemics Prevention Network

Application Information Available: [www.chronicdisease.org/i4a/pages/index.cfm?pageid=3811](http://www.chronicdisease.org/i4a/pages/index.cfm?pageid=3811)

<<http://www.chronicdisease.org/i4a/pages/index.cfm?pageid=3811>

**OBJECTIVE:** To provide investigators with a thorough introduction to selected systems science methodologies that may be used to study behavioral and social dimensions of public health. Participants in the week-long Institute will focus on one of three methodologies: agent-based modeling, system dynamics modeling, or network analysis.

The **CURRICULUM** will help participants:

- Better understand systems science in general and different methodological traditions, including their strengths, limitations, and types of problems for which they are best suited;
- Work through specific problems using their chosen methodology and become familiar with relevant software package(s);
- Appreciate the potential for applying systems science methodologies to problems of population health and disease, especially those in which behavioral and social factors figure prominently;
- Prepare stronger applications to funders such as NIH, CDC, and philanthropies in those areas where systems science, behavioral and social processes, and population health intersect.

**FACULTY:** Faculty consist of leading experts (practitioners and teachers) with extensive methodological experience.

The Institute Organizers and Track leaders are:

Institute Planning Committee

George A. Kaplan, Ph.D., University of Michigan

Carl Simon, Ph.D., University of Michigan

Patricia Mabry, Ph.D., National Institutes of Health

Robbv Milstein Ph D MPH Centers for Disease Control and Prevention

Robert Smariga, National Assn. of Chronic Disease Directors

Track Leaders

Agent-based Modeling -- Rick Riolo, Ph.D., University of Michigan

System Dynamics Modeling -- Nathaniel Osgood, Ph.D., University of Saskatchewan

Network Analysis -- Thomas Valente, Ph.D., University of Southern California

Additional faculty and Institute-wide speakers will be announced at a later date.

Program Information: The Institute will feature plenary sessions on topics of general interest as well as hands-on and in-depth training in specific tracks. On the application form, participants will rank their preference for one or more tracks: (1) Agent-Based Modeling; (2) System Dynamics Modeling; or (3) Network Analysis. All tracks will provide an introduction to the relevant methodology with examples drawn from public health. Ample time will be provided for participants to network and form collaborations that will last beyond the course itself.

Background and Resources: The Institute builds on prior efforts of the organizers and sponsors to raise awareness among behavioral and social scientists about the potential uses for systems science methodologies to improve population health (see Mabry et al., 2008, [http://www.ajpm-online.net/article/S0749-3797\(08\)00431-5/abstract](http://www.ajpm-online.net/article/S0749-3797(08)00431-5/abstract)). In 2007, the NIH Office of Behavioral and Social Sciences, the Centers for Disease Control and Prevention along with various NIH components produced a four-part lecture series entitled: 2007 Symposia Series on Systems Science and Health. This symposia series is aimed at introducing systems science to behavioral and social scientists for applications in health and is available indefinitely as a public resource via videocast (see below). In May 2007, the University of Michigan Center for Social Epidemiology and Population Health and Center for the Study of Complex Systems hosted a two-day conference sponsored by the Eunice Kennedy Shriver National Institute for Child Health and Human Development, the National Cancer Institute, and the Office of Behavioral and Social Sciences Research at NIH, and the Robert Wood Johnson Foundation. Here are links to these videocasts:

Systems Methodologies for Solving Real-World Problems: Applications in Public Health

To view videocast with Real Player follow this link: <http://www.videocast.nih.gov/ram/ss032207.ram>

To download Video or Audio Podcast follow this link: <http://www.videocast.nih.gov/Summary.asp?File=13712>

Network Analysis: Using Connections and Structures to Understand and Change Health Behaviors

To view videocast with Real Player follow this link: <http://www.videocast.nih.gov/ram/ss061207.ram>

To download Video or Audio Podcast follow this link: <http://www.videocast.nih.gov/Summary.asp?File=13878>

Agent Based Modeling: Population Health from the Bottom Up

To view videocast with Real Player follow this link: <http://www.videocast.nih.gov/ram/ss071307.ram>

To download Video or Audio Podcast follow this link: <http://www.videocast.nih.gov/Summary.asp?File=13931>

System Dynamics Modeling: Population Flows, Feedback Loops and Health

To view videocast with Real Player follow this link: <http://www.videocast.nih.gov/ram/ss083007.ram>

To download Video or Audio Podcast follow this link: <http://www.videocast.nih.gov/Summary.asp?File=14005>

Complex Systems Approaches to Population Health

DAY 1:

To view videocast with Real Player follow this link: <http://www.videocast.nih.gov/ram/complex053007.ram>

To download Video or Audio Podcast follow this link: <http://www.videocast.nih.gov/Summary.asp?File=13867>

DAY 2:

To view videocast with Real Player follow this link: <http://www.videocast.nih.gov/ram/complex053107.ram>

To download Video or Audio Podcast follow this link: <http://www.videocast.nih.gov/Summary.asp?File=13869>

If you experience difficulty accessing these videocasts, contact Patty Mabry at [mabryp@od.nih.gov](mailto:mabryp@od.nih.gov).

Eligibility: To be eligible for this institute, individuals must:

- Have completed a Ph.D., M.D., or equivalent terminal degree within their field.
- Have at least one year of post-doctoral experience in academia, private industry, non-profit, or government.
- Have identified one or more problems in public health to which they would like to apply systems science methodologies.

Priority will be given to researchers who have demonstrated research potential and experience and who will clearly benefit from systems science training. The ideal candidate will have prior exposure to systems science methodologies, will be actively pursuing an independent research career, and have a desire to focus their future work on applying systems science approaches to public or population health problems featuring behavioral and social factors.

Applicants must be citizens or non-citizen nationals of the United States, or must have been lawfully admitted to the United States for permanent residence (i.e., possess a currently valid Alien Registration Receipt Card I-551, or other legal verification of such status). Women, minorities, and individuals with disabilities are encouraged to apply.

Location: The Institute will be held at the University of Michigan in Ann Arbor, Michigan, May 3-8, 2009. The program will begin with a welcome session at 6:00pm on Sunday, May 3 and will conclude by 2:00pm on Friday, May 8.

Participants are expected to attend the entire course.

Costs: The NIH Office of Behavioral Sciences Research will pay for travel to and from the Institute site, room and board, and all course materials. There are no additional fees although participants are asked to furnish their own laptop computer; a limited number of laptops will be available on loan to students who do not have an appropriately configured laptop. Family members may accompany participants at their own expense. However, please note that the

curriculum activities will be open only to enrolled students, so family members are encouraged to make their own arrangements for daytime activities.

Accreditation: Currently there is no CE/CME accreditation associated with this Institute.

Application Process: All application materials must be submitted electronically. A complete application packet must include:

1. One Application Cover Sheet with applicant signature
2. Curriculum Vitae
3. Two letters of recommendation
  - Letters should come from individuals who have worked professionally with the candidate within the last two to three years.
  - Letters can be from deans, department chairs, mentors, division chiefs, supervisors, colleagues etc.
4. Brief Personal statement of career interests and how this Institute fits into these interests as well as a summary of prior learning related to systems science methodologies.
5. Research interests, including a succinct statement of a research question that you feel would benefit from one or more of the three systems science methodologies highlighted in the Institute.

Submit your application materials online at [www.chronicdisease.org/i4a/pages/index.cfm?pageid=3811](http://www.chronicdisease.org/i4a/pages/index.cfm?pageid=3811). Participants will be notified of their selection by March 16 2009. If you have additional questions or needs, please contact Slavomira Lacinova, National Association of Chronic Disease Directors at (770) 458-7400 or [SummerInst@chronicdisease.org](mailto:SummerInst@chronicdisease.org).

## **WORLD - Women Organized to Respond to Life-threatening Disease**

### **Executive Director**

Organizational Description: Founded in 1991, Women Organized to Respond to Life-threatening Disease (WORLD) is recognized as a national leader in developing and promoting leadership and advocacy among HIV-positive women. The mission of WORLD is to connect HIV positive women, their allies, families, and communities to one another through peer-based education, support, advocacy, and leadership development. WORLD is a diverse organization for, by, and about women living with, and at risk for, HIV/AIDS. WORLD accomplishes this mission through strategic communication addressing the issues of advocacy, anti-stigma, and HIV prevention. While the Peer Advocate program is conducted locally in the Oakland/Bay Area, WORLD also trains similar organizations on its model both nationally (through its Lotus program) and internationally. WORLD also advocates for women nationally through its Positive Women Network, a new program started in 2008. In addition, international partnerships and exchanges are being explored in Africa and elsewhere. WORLD is a highly respected and admired organization among HIV-positive women and the organizations that support them nationally. Because the organization integrates leadership among positive women into its day to day operations and program and policy development (75% of staff are HIV-positive) WORLD has a credibility and track record that strengthen its work and mission. This is an exciting and rare opportunity to lead and grow an outstanding, well-run organization that is making an immensely positive impact in the world. For more information, please go to [www.womenhiv.org](http://www.womenhiv.org). BUDGET & STAFF: The WORLD Executive Director reports to the Board of Directors, supervises a staff of 16, and manages an annual budget of about \$1 million.

REPORTING RELATIONSHIPS: The Executive Director reports to a 10-member Board of Directors and currently directly supervises the following staff: Director of Outreach and Prevention, Director of Training and Education, National Advocacy Coordinator, Operations Manager, and Peer Advocacy Program Manager, as well as contractors such as a grant writer and bookkeeper.

### **ESSENTIAL JOB DUTIES:**

1. STRATEGIC PLANNING OVERSIGHT: Oversees and leads the strategic planning process, to set and accomplish both short-term and long-term goals and objectives. Executes the approved strategic plan to best meet the Agency's mission.
2. STAFF/VOLUNTEER MANAGEMENT: Provides leadership and is a mentor to staff. Inspires the team to accomplish and exceed its outlined goals and provide outstanding services to the Agency's clients and community. Ensures the successful and efficient completion of all aspects of the Agency's objectives, and the best use of all staff and volunteers available. Provides opportunities for professional development for all staff.
3. FUND DEVELOPMENT: Plans, leads, and helps execute fund development efforts. In collaboration with the Board and staff, the ED meets and networks with funders and prospective donors and has responsibility for successful fundraising activities. Researches, studies, and seeks additional funding for women's health programs appropriate to the WORLD community.
4. PROGRAM MANAGEMENT: Provide direction for program decisions, including local, national and international project development and monitoring. Encourage program staff and volunteers in the delivery of programs that educate and support women with HIV/AIDS. Negotiates and ensures that programs are meeting the contract deliverables and objectives. Maintains positive relationships with program partners and funders.
5. FINANCIAL MANAGEMENT: Develops the annual agency budget for presentation to the board, ensures proper fiscal accounting and controls in accordance with the guidelines of funding sources and with sound accounting practices. Maintains fiscal solvency of agency.

6. OUTREACH/PR: Represents the Agency in relationships with local, national, and international communities and officials, the news media, private and public agencies and committees. Acts as the Agency's primary spokesperson. Supervises the production of the quarterly newsletter.

7. INFRASTRUCTURE/ADMINISTRATION: Oversees agency infrastructure management, including IT systems, controls, computers, software and related business protocols necessary to maintain and improve agency services. administers and enforces personnel policies, including HR benefits, compensation and compliance.

**TRAINING AND QUALIFICATIONS:**

- Experience in and passion for the mission of WORLD. Tell us about this in your cover letter.
- Minimum Bachelor's degree with Masters preferred, in nonprofit administration, public health, social work, management, social justice, or a related field · Minimum of 5 years experience in non-profit management as an executive director, senior manager or equivalent in the private sector.
- Thorough knowledge and experience with HIV/AIDS issues pertinent to women, and/or other women's health issues.
- Demonstrated success in fundraising, including major gifts, grant writing, and special events.
- Solid financial management skills including ability to effectively manage budgets and invest in improvements, programs and events while maintaining proper reserves.
- Excellent communicator - written and verbal skills - ability to motivate, inspire, influence. Approachable and personable, yet professional. Able to actively listen.
- Effective organizational planning and group facilitation skills.
- Proven success with managing, leading and encouraging staff with very diverse backgrounds, cultures, and personalities (race, sexual orientation, HIV status, religion, socioeconomic status, etc.) · Communicates a long-term, big picture vision to all constituents, yet still keeps sight of the details needed to get there.
- Strong ties to the community and/or ability to network and build relationships with local, national, and international partners, members, donors to foster a mutually beneficial result.
- Must be available to travel approximately 20% of the time.

**COMPENSATION:** Salary: \$90,000-\$100,000, depending on experience. Generous benefits package offered, including final 2 weeks of the year as paid vacation. To be considered, please send, no later than March 9, 2009, both a resume, and a cover letter that tells us about your passion for and commitment to our mission. Send electronically to: [world@articulateintegrity.com](mailto:world@articulateintegrity.com). PLEASE DO NOT CONTACT WORLD. Rom This search is being conducted by Articulate Integrity.

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## Conferences and Events

### **Department of Health and Human Services, Office of Minority Health**

#### **Third National Leadership Summit on Eliminating Racial and Ethnic Disparities in Health: A Blueprint for Change**

The Gaylord National, 201 Waterfront Street, National Harbor, Maryland 20745

February 25-27, 2009

For more information and to register, visit <http://www.omhrc.gov/npasummit2009/>.

### **The University of Dayton School of Law - Webinar**

#### **Dying While Black: Colorblind Policies and Eliminating the Slave Health Deficit**

**February 26, 2009, 4:00 p.m.-6:00 p.m. EST**

Join us for a Webinar on February 26 At almost every income level, Indigenous Black Americans are sicker than whites and dying at a significantly higher rate. This seminar will trace current Indigenous black American health status to slavery. It will explain why a colorblind policy approach will be ineffective for eliminating the health deficit. Finally, the seminar will provide a comprehensive approach focused on reparations by eliminating improving social determinants of health. This discussion is organized by Professor Vernellia Randall, The University of Dayton School of Law. For more information, contact Prof. Randall at [randall@udayton.edu](mailto:randall@udayton.edu). \*Title:\* Dying While Black: Colorblind Policies and Eliminating the Slave Health Deficit \*Date:\* Thursday, February 26, 2009 \*Time:\* 4:00 PM - 6:00 PM EST After registering you will receive a confirmation email containing information about joining the Webinar. System Requirements: PC-based attendees -- Required: Windows(R) 2000, XP Home, XP Pro, 2003 Server, Vista; Macintosh(R)-based attendees -- Required: Mac OS(R) X 10.4 (Tiger(R)) or newer. \*Space is limited.\* Reserve your Webinar seat now at: <https://www2.gotomeeting.com/register/134354403>

The University of North Carolina at Chapel Hill, Program for Ethnicity, Culture, and Health Outcomes

Minority Health Project to Eliminate Health Disparities

30th Annual Minority Health Conference: "Our World, Our Community: Building Bridges for Health Equality" (Internet

and satellite broadcast available)

February 27, 2009, 2:00 p.m.-3:30 p.m.

Please join us for the Internet and satellite broadcast of the 11th Annual William T. Small, Jr. Keynote Lecture, by Barbara Wallace, Ph.D., Professor of Health Education at Columbia University, on Friday, February 27, 2009 at 2:00pm-3:30pm EST. The lecture is the highlight of the 30th Annual UNC Gillings School of Global Public Health Minority Health Conference, presented by the School's Minority Student Caucus on that day. The broadcast will include a live call-in question-and-answer session with Dr. Wallace. For information about the broadcast and about registering for or exhibiting at the full day's Conference in person at the UNC Friday Center for Continuing Education, please visit [www.minority.unc.edu/sph/minconf/2009/](http://www.minority.unc.edu/sph/minconf/2009/) (If you wish to attend in person, don't put off registering - this conference fills up early! If you will be in Boston or Chicago, be sure to see below, "New This Year".)

- Webcast information (Keynote Lecture only): [www.minority.unc.edu/sph/minconf/2009/webcast/](http://www.minority.unc.edu/sph/minconf/2009/webcast/)

- Satellite broadcast information (Keynote Lecture only): [www.minority.unc.edu/sph/minconf/2009/satellite/](http://www.minority.unc.edu/sph/minconf/2009/satellite/)

- Read viewer comments from past William T. Small, Jr. Keynote Lecture broadcasts:

[www.minority.unc.edu/sph/minconf/2007/webcast/WTSjrKeynoteComments2007.htm](http://www.minority.unc.edu/sph/minconf/2007/webcast/WTSjrKeynoteComments2007.htm)

### **University of California - Berkeley Center for Health Leadership**

#### **Leading Change and Innovation - Conference and Workshops: An Event for Emerging to Senior-Level Leaders in Public Health and Healthcaer**

**Conference: March 3, 2009**

**Workshops: April 17, 2009**

**Locations: UC Berkeley MLK Building Pauley Ballroom & Stephens Lounge**

Check out our website for more information on the agenda, registration, etc. -

[http://sph.berkeley.edu/cphp/chl\\_files/conference09.htm](http://sph.berkeley.edu/cphp/chl_files/conference09.htm)

The conference will provide opportunities for participants to:

- Learn from best-in-class leaders, practitioners, innovators and thinkers
- Gain strategies and skills to catalyze change and innovation in their organizations
- Be exposed to emerging trends and practices in leadership
- Network with an engaged community of health leaders
- Gain new ideas to explore and implement in their own organizations

Contact us at [sph\\_chl@berkeley.edu](mailto:sph_chl@berkeley.edu) with any questions about the UC Berkeley Center for Health Leadership or the conference. Check out: [http://sph.berkeley.edu/cphp/chl\\_files/conference09.htm](http://sph.berkeley.edu/cphp/chl_files/conference09.htm)

### **Yeshiva University**

#### **Director, Education Programs in Public Health**

**Deadline: March 15, 2009**

We seek a dynamic and experienced public health educator to plan and direct a new MPH program at the Institute for Public Health Sciences (IPHS) of Yeshiva University (YU) in New York City. The IPHS and the MPH program are jointly sponsored by the Albert Einstein College of Medicine and Ferkauf Graduate School of Psychology. The MPH program along with a companion Certificate in Public Health, was developed in collaboration with other YU schools and programs, including its schools of law, business, and social work, and has been approved by the New York State Department of Education. Our students will be drawn from integrated pre-doctoral programs (MD/MPH; PhD/MPH), and post-doctoral training programs. We emphasize hands-on experience in community-based research for all trainees, and a scholarly focus on behavioral issues in public health, global health, prevention, and health disparities.? More information can be found at: <http://www.yu.edu/iphs/>. The Director must have a doctoral degree in public health or a clinical doctorate and an MPH (or equivalent) degree, and should have experience and accomplishments in education, interdisciplinary and collaborative program development, mentorship, and research. Creating this innovative, cross-cutting program will require outstanding leadership and interpersonal skills. Women and minorities are encouraged to apply. Faculty appointment will be commensurate with experience. Interested candidates should submit a letter of interest, a CV, and 3 references (with contact information) to:

Merrilly Calabrese, Administrator  
Institute for Public Health Sciences  
Albert Einstein College of Medicine  
1300 Morris Park Avenue  
Mazer Bldg, Rm 434  
Bronx, NY 10461  
Or via email to: [calabres@aecom.yu.edu](mailto:calabres@aecom.yu.edu)

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**Resources**

## **Publications**

### **Association of State and Territorial Health Officials (ASTHO)**

#### **ASTHO 2008 Snapshots: State Activities to Promote Health Equity**

[http://www.astho.org/templates/display\\_pub.php?pub\\_id=3333&admin=1](http://www.astho.org/templates/display_pub.php?pub_id=3333&admin=1)

The Association of State and Territorial Health Officials (ASTHO) has published online snapshots highlighting state activities that promote health equity. Nearly every state is represented. This online tool features an overview of each state's health priorities, a flowchart outlining the organization and infrastructure of state departments of health, each state's activities and/or organizations that address the social determinants of health. To view these briefs, click on different states [http://www.astho.org/templates/display\\_pub.php?pub\\_id=3333&admin=1](http://www.astho.org/templates/display_pub.php?pub_id=3333&admin=1).

### **Class and Race Formation in North America**

**By James W. Russell**

University of Toronto Press, Paperback \$28.95

Publication date: January 1, 2009 Website

Examination copies tel. 1-800-565-9523 or e-mail [requests@utphighereducation.com](mailto:requests@utphighereducation.com)

In this far-reaching study, Russell offers a comparative exploration of how patterns of class and racial inequality developed in the United States, Mexico, and Canada from the colonial pasts to the beginning of the North American Free Trade Agreement and beyond. He illustrates the effects of uneven economic development on both class and race in North America, examines how unique class and race dynamics in each of the countries have contributed to overall continental patterns, and demonstrates the complexity of the ways in which class and race are interrelated. Ultimately, he reveals a continent of diverse historical experiences, class systems, and ways of thinking about race. "Russell's meticulously researched, and highly detailed, book presents a critically important people's history of North America. For those interested in how class and race emerged and diverged among the three countries sharing this continent, this book provides rich insights and demonstrates the potential of comparative research to broaden our perspective. -- Dan Zuberi, University of British Columbia, author of *Differences That Matter: Social Policy and the Working Poor in the United States and Canada*.

Contents: Preface; 1. Introduction; 2. Origins of Inequality and Uneven Development; 3. A New Empire; 4. Immigration; 5. Race Mixture; 6. Accumulation of Capital and Dependent Development; 7. NAFTA; 8. Comparative Economic and Social Classes; 9. Racial Contours of North America; 10. A North American Social Model?

Bibliography; Index

Also available:

(1) *Double Standard: Social Policy in Europe and the United States*

By James W. Russell Website

Rowman & Littlefield, Paperback \$24.95

Examination copies: tel. 800-462-6420

"This is a wonderful book: erudite and sophisticated, yet lucid and to the point." Frances Fox Piven, president, American Sociological Association

(2) *Societies and Social Life: An Introduction to Sociology*

By James W. Russell Website

Sloan Publishing, Paperback \$32.95

Examination copies: tel. 845-534-4994

"Russell introduces sociology as it was meant to be: relevant to the present, historical in its approach, empirically grounded, holistic, and critical." Jerry Lembcke, Holy Cross College

*Developing Methods to Compare Low-Education Community-Based and University-Based Survey Teams*

*Health Promotion Practice*

Brugge D, Kapunan P, Babcock-Dunning L, Matloff RG, Cagua-Koo D, Okoroh E, Salas FL, Bradeen L, and Woodin M.

The study was published online on January 7, 2009 in the journal *Health Promotion Practice*, doi:

10.1177/1524839908329120

Community-based participatory research (CBPR) is a research approach that involves members of an affected community in most aspects of the research study. There are, however, few studies that have assessed the quality of data collection in CBPR. To help address that gap, a pilot study compared the results of data collection done by teams of graduate students to teams of community members from a public housing development in Boston. The study found no major differences in the quality of data collection between the two groups. "We compared the data collection done by teams of graduate students to teams of community members and found very little difference in the quality of the results," said Douglas Brugge, PhD, associate professor in the department of public health and family medicine at Tufts University School of Medicine in Boston. "The hope is that engaging communities directly in the research process will yield benefits for both the research and the community. Validating that, however, means that we must address concerns that CBPR is not as rigorous as traditional research." In collaboration with the West Broadway Task Force of South Boston, a local community-based organization, the surveys were conducted face-to-face in a

multiracial and multiethnic public housing development. The two groups in the study were made up of three teams of two Tufts graduate students each and two teams of two community members each. The community members were from the neighborhood and had previous experience with conducting surveys. The graduate students were enrolled in a four-week class on CBPR research methods. Prior to conducting the survey, the students and the community members were trained on how to conduct the surveys. After training, the student groups and the community member groups were randomly assigned 80 addresses to survey in the West Broadway Housing Development. Surveys asked basic demographic questions and questions related to housing. In total, 49 surveys were completed. The community member group had a slightly higher response rate (37 percent) in comparison to the student group (31 percent). There were some differences within data tracking wherein some of the community members used their own data tracking sheets. This resulted in some confusion in data entry but did not affect integrity of the surveys themselves. "Given that our sample size was small and the groups only completed 49 surveys, we had limited power to test statistical significance. A larger study is needed to determine whether these results would hold in the same neighborhood or in other neighborhoods. The study, however, does show that it is possible to research the methods and quality of research work done in CBPR. The recent popularity of CBPR warrants additional research in assessing its integrity," Brugge says. Brugge is also the director of the Tufts Community Research Center (TCRC), supported by the Jonathan M. Tisch College of Citizenship and Public Service at Tufts University. The TCRC seeks to involve Tufts faculty and students in research done in collaboration with community partners.

### **Kaisernetwork.org**

#### **Science & Medicine | Blacks in Western Pennsylvania Have High Rates of Kidney Failure; Educational Campaigns Encourage Prevention, Early Detection**

[http://www.kaisernetwork.org/daily\\_reports/rep\\_index.cfm?DR\\_ID=56611](http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=56611)

Western Pennsylvania has the highest rate of blacks with end-stage renal disease, or kidney failure, according to the most recent report from the [ <http://www.usrds.org/> ] U.S. Renal Data System, and as a result health care workers are targeting the group with prevention and early detection messages, the [ [http://www.pittsburghlive.com/x/pittsburghtrib/news/s\\_608737.html](http://www.pittsburghlive.com/x/pittsburghtrib/news/s_608737.html) ] Pittsburgh Tribune-Review reports. According to the Tribune-Review, blacks are almost four times as likely as whites to die of kidney failure. Major risk factors for kidney disease include high blood pressure and diabetes, according to the Tribune-Review. Cheryl Winkler, head of the molecular genetic epidemiological studies section at the [ <http://www.cancer.gov/> ] National Cancer Institute, said, "If you go to a dialysis center, it's disproportionately African-Americans. This has been known for a long time, but nobody was ever quite sure why." In a study published in the journal Nature in October 2008, Winkler and her colleagues found a gene associated with people of African descent that increased risk for kidney failure. She said, "What we're hoping that means is that we can begin to screen people in the future and tell them their risk for kidney disease and perhaps develop better therapeutics and drugs," adding, "We could have a form of personalized medicine." For the full story, visit [http://www.kaisernetwork.org/daily\\_reports/rep\\_index.cfm?DR\\_ID=56611](http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=56611).

### **National Center for Education in Maternal and Child Health, Georgetown University**

#### **Knowledge Path: Racial and Ethnic Disparities in Health**

[http://www.mchlibrary.info/KnowledgePaths/kp\\_race.html](http://www.mchlibrary.info/KnowledgePaths/kp_race.html)

The National Center for Education in Maternal and Child Health at Georgetown University has released a new edition of its Knowledge Path: Racial and Ethnic Disparities in Health. The updated guide provides a list of current resources for consumers and health professionals about preventing, identifying, and eliminating racial and ethnic disparities in health. To view this guide, visit [http://www.mchlibrary.info/KnowledgePaths/kp\\_race.html](http://www.mchlibrary.info/KnowledgePaths/kp_race.html).

### **Prevention Institute and the Joint Center for Political and Economic Studies, Institute for Health Policy**

#### **Reducing Inequities in Health and Safety through Prevention**

Prevention Institute and the Joint Center for Political and Economic Studies, Institute for Health Policy have released a position paper, Reducing Inequities in Health and Safety through Prevention. The paper emphasizes the need for a national commitment and elements of an agenda focused on achieving equitable health outcomes for all. In the context of growing interest in health reform, it is intended to catalyze action across the nation and with changing leadership in Washington. With a growing list of sign-ons from local and national health and health equity leaders, we invite you to:

- A.) Sign on to the position paper: The paper has been sent to members of the new administration, congress, and others shaping the federal approach to health. If you would like to sign on, please send an email to [Christine@preventioninstitute.org](mailto:Christine@preventioninstitute.org) with your affiliation or reply to this email. Please indicate if you are signing on as an individual or an organization.
- B.) Share this paper immediately with members of the administration and others working on federal health policy as well as your colleagues and partners.
- C.) Inform us of any similar efforts your organization is undertaking; coordination and support at this time is critical to success.

This memo builds upon recent and related work including: Healthv Places: Directions for Improving Community

Individual, and Economic Health, a platform for addressing chronic disease produced in partnership with PolicyLink; Prevention for a Healthier America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities, which presents a new model for the return on investment in community-level prevention, produced with Trust for America's Health (TFAH) and The Urban Institute; and Preventing Violence before it Occurs: Directions for Improving Outcomes for Young People, Our Cities, and Our Economic Recovery and Growth.

### **Reducing health inequities in a generation: a dream or reality?**

**Shankar Prinja a & Rajesh Kumar b**

**Bulletin of the World Health Organization 2009;87:84-84. doi: 10.2471/BLT.08.062695**

**Volume 87, Number 2, February 2009**

Available online at: <http://www.who.int/bulletin/volumes/87/2/08-062695/en/index.html>

a. London School of Hygiene and Tropical Medicine, Keppel Street, London, WC1E 7HT, England.

b. School of Public Health, Postgraduate Institute of Medical Education and Research, Chandigarh, India.

".....Inequalities in health are an indicator of distributional differences in the health status of populations. Low-income countries, which contribute 56% of global disease burden, account for only 2% of global expenditure on health.<sup>1</sup> The WHO Commission on Social Determinants of Health has called for "closing the gap" - resolving health inequities between different groups - in the course of a generation. It aims to achieve this by improving conditions of daily living; tackling inequitable distribution of power, money and resources; and measuring and ascertaining the impact of interventions.<sup>2</sup> However, there are several challenges to realizing this dream. Health is generally not high on the political agenda. Policy and planning are heavily influenced by a few elite groups who are least affected by health inequalities. Powerful interest groups, such as the pharmaceutical industry, influence health policies in most countries. The revenue of the top 10 global pharmaceutical companies is more than the gross national income of the 57 lowest-income countries.<sup>3</sup> Progressing towards the recommendations of the Commission would mean rejection of the biomedical model of disease causation and re-emphasizing the concepts of social medicine. None of this is in the interest of the power groups. Hence, the very step of agenda setting in the course of policy-making is laden with problems. It is difficult to convince politicians and bureaucrats about the long-term benefits of social interventions when they are focused on biomedical interventions that impact their status in the short term...." [au]

### **Relative Child Poverty, Income Inequality, Wealth, and Health**

**Eric Emerson, PhD, JAMA. 2009;301(4):425-426.**

<http://jama.ama-assn.org/cgi/content/short/301/4/425>

Abundant evidence now suggests that living in relative poverty and exposure to relative income inequality, especially in childhood, may have a detrimental influence on health and well-being during childhood and across the life course. This Commentary discusses the importance of relative poverty in childhood and the implications of income inequality for population health. Child relative poverty (ie, children living in a household with relative income poverty) appears to be a potentially important indicator for children's health. Relative income poverty is commonly defined as having equivalized household income of less than 50% of the national median.<sup>1</sup> Equivalization is calculated by dividing household income by an indicator of household composition or need, for example, the square root of the number of individuals living in the household.<sup>2</sup> Child relative poverty is strongly related to overall income inequality as measured by the Gini coefficient, which reflects inequalities in the distribution of . . .snip. Author Affiliations: Division of Health Research, Lancaster University, Lancaster, England; and Faculty of Health Sciences, University of Sydney, Sydney, Australia.

University of Pittsburgh Institute of Politics

Health Disparities in America: Challenge and Opportunity

Bruce Barron, December, 2008

<http://www.iop.pitt.edu/documents/Status%20Reports/Status%20Report%20Health%20Disparities%20in%20America%202008.pdf>

The report highlights the impact of the Center for Minority Health and many of their local, regional and national partners.

### **U.S. News & World Report, Health Daily**

#### **Parental Distrust May Explain Lack of Black Children in Clinical Trials**

<http://health.usnews.com/articles/health/healthday/2009/02/03/parental-distrust-may-explain-lack-of-black.html>

Black parents are more likely than white parents to distrust medical research, which may explain why black children are frequently underrepresented in studies. So conclude University of Pittsburgh researchers who surveyed 190 parents (140 black, 50 white) who brought their children to a primary-care clinic.

### **Web site**

**The Center of Excellence for the Elimination of Health Disparities - New Web site**

[www.cee hd.com](http://www.cee hd.com)

The mission of the Center of Excellence for the Elimination of Health Disparities - an interdisciplinary, intra-institutional applied health services and research center - is to improve minority health outcomes and eliminate health disparities within the community, state and nation through research, education, and community outreach activities. It draws on the collective expertise of researchers, educators, practitioners and providers in the areas of health and human services, health services research, environmental health, health economics, epidemiology, rehabilitation, public health, evaluation research, social psychology, medical sociology and biomedical research.

## **Others**

### **Kaiser Health Disparities Report: A Weekly Look at Race, Ethnicity and Health**

A service of kaisernetwork.org <http://www.kaisernetwork.org/dailyreports/>

View the Health Disparities Events Calendar:

<http://www.kaisernetwork.org/calendar/calendar.cfm?action=Month&showone=6>

Monday, February 2, 2009 thru Friday, February 6, 2009

#### **POLITICS & POLICY**

1. Obama Signs SCHIP Legislation, Says Bill Is 'First Step'

Toward Universal Health Coverage

2. Senators Expected To Add Health Disparities-Related Amendment to Economic Stimulus Package

3. HIV/AIDS Commission To Call on Obama To Address Disease Among Blacks in U.S.

#### **PUBLIC HEALTH**

4. MMWR Looks At Increase in HIV Cases, Risk Factors Among Black MSM in Jackson, Miss.

#### **COVERAGE, ACCESS AND QUALITY**

5. Blacks, Asians With Terminal Cancer Use End-Of-Life Services Less Frequently Than Other Patients, Study Finds

6. Many Black Parents Distrust Medical Research, Do Not Enroll Children in Clinical Trials, Study Finds

#### **SCIENCE & MEDICINE**

7. Studies Released at Conference Examine Racial, Ethnic Cancer Disparities

8. Study Examines Potential Causes Behind Late Breast Cancer Diagnoses Among Hispanic Women

#### **YOUTH & HEALTH**

9. Medical Care, Other Services Have Improved for Immigrant Children

#### **CULTURE-BASED CARE**

10. Rochester Post-Bulletin Examines Language Services Mayo Clinic Provides

#### **OPINION**

11. More Action Needed To Encourage Blacks To Quit Smoking, Opinion Piece Says

12. Editorial Suggests Black Parents Learn More About Advances in Medical Research

#### **INITIATIVES**

13. \$61M, Multicenter Study To Examine Health, Acculturation of Hispanics

14. Efforts, Initiatives Seek To Address Health Disparities Among Minorities

#### **RECENT RELEASES IN HEALTH DISPARITIES**

15. Study Examines Smoking, Anxiety Among Black Men

16. Study Examines Depression Among Arab, Chaldean, African Immigrants in Detroit

### **NIH, Center for Scientific Review**

#### **Video on NIH Peer Review**

The Center for Scientific Review at the National Institutes of Health (NIH) has produced a video of a mock study section meeting to provide an inside look at how NIH grant applications are reviewed for scientific and technical merit. The video shows how outside experts assess applications and how review meetings are conducted to ensure fairness. The video also includes information on what applicants can do to improve the chances their applications will receive a positive review. To make the video both authentic and authoritative, real reviewers volunteered to review real but altered and disguised applications. NIH staff members also volunteered to participate in this video, which was developed in collaboration with the NIH Office of Extramural Research. Details at:

<http://cms.csr.nih.gov/ResourcesforApplicants/PolicyProcedureReview+Guidelines/OverviewofPeerReviewProcess/InsidetheNIHGrantReviewProcessVideo.htm>

### **NIH, National Center on Minority Health and Health Disparities**

#### **Webcast of the tne NIH research summit on The Science of Eliminating Health Disparities**

[http://www.kaisernetwork.org/health\\_cast/hcast\\_index.cfm?display=detail&hc=3091](http://www.kaisernetwork.org/health_cast/hcast_index.cfm?display=detail&hc=3091)

The National Center on Minority Health and Health Disparities recently hosted the first National Institutes of Health

(NIH) research summit on The Science of Eliminating Health Disparities. The three-day meeting highlighted the progress of NIH minority health and health disparities research activities; identified current gaps in health disparities research; and showcased best-practice models in research, capacity building, and outreach. To view a webcast of this summit, visit [http://www.kaisernetwork.org/health\\_cast/hcast\\_index.cfm?display=detail&hc=3091](http://www.kaisernetwork.org/health_cast/hcast_index.cfm?display=detail&hc=3091).

### **Triad Health Project**

#### **"My Dear Healthy Friends" Video**

<http://www.triadhealthproject.com/media/index.php>

A community-based participatory research project from the minds of Ellen Hendrix, Scott D. Rhodes, Jason Stowers, Aaron Vissman and others from the Piedmont Triad region of North Carolina. This is a component of the study, CBPR and the Internet: Increasing HIV Testing Through Chat Room Based Promotion. "My Dear Healthy Friends" is a video that was developed using community-based participatory research (CBPR) in central NC. Our CBPR partnership developed and produced the video to "de-mystify" the HIV-testing process among men who use online chat rooms for social and sexual networking with other men. Our CBPR partnership has a study promote HIV testing within chat rooms, and together we developed this video to supplement the intervention. The video can be seen at:

<http://www.triadhealthproject.com/media/index.php>. Our partnership's previous research suggests that a substantial percentage of men in these chat rooms have never been tested for HIV but engage in behaviors that put them at risk for HIV and other sexually transmitted diseases. Based on extensive formative research completed over the past seven years, our partnership conceptualized this video. We knew that the HIV testing process was perceived as "scary" for some men who did not have access to information about how to get tested and what to expect at various locations. These men may not discuss testing with other men, even those men they may chat with in the chat room or even meet up with for social and/or sexual networking. Many of these men do not self-identify as gay, and they may miss gay-oriented or focused messages about HIV and HIV testing. Members of our CBPR partnership wrote, revised, and finalized the script that was based on the lived experiences of gay men and men who have sex with other men (MSM). We used local community actors, film crew, and videographer/editor to produce this video. The video was filmed in the home of a member of the CBPR partnership. The online interventionist will provide the link as one more resource in his arsenal to help men learn about their testing options and the processes at each. We have incorporated various evaluation mechanisms to assess reach and impact.

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